

# APPLICATION FOR CHANGE OF

Fees: See back

Fees are Not refundable

## CORPORATION, PARTNERSHIP, LLC REAL ESTATE LICENSE

This application is used to change the name, address or broker of a corporation, partnership or LLC.

NOTE. If Commission staff does not receive verification of errors and omissions insurance within five days of applying the application will not be processed and the license will be issued inactive. A new application and fee will be necessary. Subject to verification of compliance with errors and omissions insurance coverage, changes requested on this application will become effective on the date the properly completed form and fee are received by the Colorado Division of Real Estate. Fees are subject to change July 1<sup>st.</sup>

Please DO NOT call the Commission office on the status of your application until 10 business days have passed and the Division website does not reflect your changes.

RETURN TO:

MAKE CHECKS PAYABLE TO:

Division of Real Estate 1560 Broadway, Suite 925 Denver CO 80202 Phone # (303) 894-2166 C.R.E.C. or Colorado Real Estate Commission

No Cash or Credit Accepted

• The status of your application will be available in <u>5 to 7 business days</u> by accessing the Division of Real Estate (DRE) Internet homepage at: <u>www.dora.state.co.us/real-estate</u>, click on "Search License Database"

1.	Current Licensed Name of						
	Current Trade Name (if any)  Real Estate Business Entity Number (upper left corner of license)  Please indicate ☑ the manner in which the business entity is currently licensed:						
	□Corporation			•	Ltd. Partnership		
	Current Business Address	(Number and Street)		(Suite)	(Suite)		
	P.O. Box for mailing purp				Code)		
					(Zip Code) blace of a physical address.		
	Business Phone Number (	r ()Business Fax Number ()_					
	Cellular Number ()_	E-Mail Address					
2.	Name of Broker Applicar	It(Legt)	(First)	(Middle)	(Former \ Maiden)		
	Real Estate License Number of Broker:Expiration:  Indicate ☑ broker license status:Current broker of record for the business entity named above as reflected in the DRE records.						
	□Applying to be the new broker of record for the business entity named herein.						
	□Reinstatement of previously licensed business entity.						
	Date of birth Place of birth (City) (State)						
	(Month)	(Day) (Year)		(City)	(State)		
	Social Security No	//	(SSN required by 24	4-34-107 C.R.S.)			
	Residence Address						
	D :1 DI N 1	(Number and Street)	(City)	(State)	(Zip Code)		
	Residence Phone Number ()Cellular Number ()						
	E-Mail Address						
		COMPLE'	TE OTHER SIDE	FOR COMMISS	ION USE ONLY		

Date Issued

Processed By

- 3. Every active licensee and every licensed real estate company must maintain errors and omissions insurance pursuant to 12-61-103.6 C.R.S. and Commission Rule D-14. You may meet this requirement by enrolling with the Real Estate Commission's group coverage plan or by obtaining independent coverage:
  - Enrollment forms for the Real Estate Commission's group coverage are available from the exam center, the Division of Real Estate office or homepage and Rice Insurance Services Company, LLC. Phone 1-800-637-7319
  - Certification forms for independent coverage (coverage other than the Commission's group policy) are available at the Commission office and on the Commission's homepage.

#### CORPORATION, PARTNERSHIP AND LIMITED LIABILITY COMPANY

#### YOUR LEVEL OF AUTHORITY MUST BE INDEPENDENT or EMPLOYING BROKER

Add or Change Trade Name to:	(Print New Business Name)  Print New Trade Name, if any)					
Add or Change Trade Name to:						
(I	Print New Trade Name, if any)					
You <b>must</b> include a stamped copy of the filing						
You <b>must</b> include a stamped copy of the filing and authorization of the name changes as issued by the Secretary of State.						
<b>FEE</b> : \$50 for the broker and \$50 for each employed licensee if the name and/or the trade name of business is changed.						
	SECTION 2					
Change Business Address to:						
shange Basiness Hadress to.	(Street)	(Suite)				
(City) P.O. Box for Mailing Purposes Only:_	(State)	(Zip)				
	(Box Number) (C	City) (State) (Zip Code) ptable in lieu of a physical brokerage address.				
	•	nable in fied of a physical brokerage address.				
(and C.D.C. 12	0.61.102(7). Commission D.	wlea C 22)				
Reactivate an inactive business entity	license:	,				
		per officers, managers, members and or				
•	or the business entity to	o the person listed in item 2 of page one:				
<ul> <li>I have been designated as the act</li> </ul>	ting broker by the prop	per officers, managers, members and or				
1	<b>U</b> 1					
To be transferred as a bris enclosed.	roker associate of this	business entity. A transfer form and \$50 f				
disposition.						
•	<del>-</del>					
ake the changes and issue my license	as indicated in this an	plantion I dealars under nanalty at narry				
) h	(see C.R.S. 12 eactivate an inactive business entity include current Certificate of Gry signing this form, I certify that:  I have been designated as the ac partners of the above listed business entity of the above listed business of the above list	Change Business Address to:  (Street)  (City) (City) (State)  O. Box for Mailing Purposes Only:  (Box Number) (Note: P.O. Box is not acceptione Number:  (Stee C.R.S. 12-61-103(7), Commission Researching the first page.  (See C.R.S. 12-61-103(7), Commission Researching the current Certificate of Good Standing as issued by signing this form, I certify that:  I have been designated as the acting broker by the propartners of the above listed business entity.  I have been designated as the acting broker by the propartners of the above listed business entity.  I have been designated as the acting broker by the propartners of the above listed business entity.  I have notified the previous broker of this change purse Please indicate the disposition of the previous broker.  To be transferred as a broker associate of this is enclosed.  The current broker will separately submit the disposition.  (EE: \$50 to activate an expired business entity license or centity. This fee is not additional if you have also selected.)				

### **Licensees Transferring To This Company**

#### **Please Note:**

- You may use separate transfer forms or, if you wish, reproduce this page.
- A fee of \$ 50 for each associate licensee must be included.
- Every active licensee listed below must maintain errors and omissions insurance pursuant to 12-61-103.6 C.R.S. and Commission Rule D-14.
- No licensee will be transferred without proof of errors and omission insurance. Licensees without current E & O insurance in place will be placed inactive. Proof of Errors and Omission insurance for each licensee listed below must either be provided by: The Commission's group carrier, Rice Insurance Services Company LLC., ☐ An independent insurance carrier\* who is providing errors & omissions insurance coverage.. (\*You must include the errors and omission insurance certification of conforming coverage Commission form (REC-1-98-E&O) with this application unless such certification has been previously submitted to the Division and is still in effect). In compliance with the Real Estate Broker License Law and Commission Rules, I hereby apply to be licensed to the company listed on page 1 of this form. I declare under penalty of perjury that, unless exempt, I have complied with continuing education requirements pursuant to 12-61-110.5 (1) CRS Licensee (Print) License No. Signature Social Security Number Resident address Licensee (Print) License No. Signature Social Security Number Resident address Licensee (Print) License No. Social Security Number Resident address Licensee (Print) License No. Signature Social Security Number Resident address Licensee (Print) License No. Signature Social Security Number Resident address Licensee (Print) License No Signature Social Security Number Resident address Licensee (Print) License No. Social Security Number Resident address Licensee (Print) License No. Signature Social Security Number Resident address Licensee (Print) License No. Signature

I, the broker applicant listed on page one of this application, hereby request that the persons listed above be transferred to employment under me. I have informed the licensees of the written office policy and I will properly supervise these employee(s) during the period of time of employment with me pursuant to Rules E-29, E-30, E-31 and E-32. I have verified with the commission office and certify that the above named licensee(s) have current E & O insurance.

which specialty will you concentrate your business efforts?							
() Residential Sales () Residential Management () Commercial Sales and/or Managem	cial Sales and/or Management						
() Subdivisions and/or Timeshares () Homeowner Associations () Vacation Managem	nent						
GNATURE OF BROKER APPLICANT: DATE:							

Resident address

Social Security Number